

# **INFORMATION AND TRAINING GUIDE FOR FORMS MONITORS MAXWELL AFB, AL**

**(FOR TRAINING PURPOSES ONLY)**



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## 1. **INTRODUCTION:**

Congratulations on your appointment as your unit forms monitor. Unless you are assigned to one of the large organizations, this probably is an additional duty rather than a primary function. But regardless of whether it is a primary or additional duty, it is an important task. I challenge you to try and remember a day when you did not use at least one form. Forms are a fact of life. They help us do our jobs---hopefully more efficiently and effectively. Our job in the forms management section is to help your organization develop the right form to fit a precise need; a form that is easy to understand, fill out, extract information from, file and retrieve. We look forward to working with each of you and hope that the information contained in this guide will acquaint and assist you in carrying out your responsibilities.

## 2. **DEFINITIONS:**

a. Form. A form is a predetermined arrangement of captioned spaces, developed for collecting, recording, and extracting information in a standardized order. Forms are numbered for easy reference and effective control; and are prescribed in directives to ensure maximum effectiveness.

b. Specialty form. Those forms that require a special printing or construction process that cannot be done by a Defense Printing or Duplicating facility. Optional character recognition forms, consecutively or serially numbered forms are examples of specialty forms.

c. Master Catalog. A listing of all products available through the Electronic Transaction System and is updated daily.

## 3. **TYPES OF FORMS:**

a. Department of Defense (DD). If a DD form already exists for a particular purpose, OPRs may not design and/or develop Air Force or field forms to accomplish the same purpose, even though a specialized form might offer some advantages. This rule applies through all levels.

b. Departmental Forms (Air Force). These forms are normally prescribed by AF directives and are used throughout the AF.

c. Field Forms. MAJCOM, FOA, DRU, joint use, and field activity forms normally referred to as command forms.

d. Headquarters (HQ) Forms. These forms are normally used within two or more staff agencies of a headquarters and are prescribed by a directive in the form of an instruction or a supplement. At base levels, forms used by two or more wing staff agencies.

e. Office Forms. Forms used only within the originating organization below directorate level. At base level, forms used by one wing staff agency or branch. The OPR, normally, stocks and issues these forms. Office forms need not be prescribed nor indexed; however, we currently index all office forms in the MAFB IND 9.

**NOTE:** The forms described above are all considered permanent forms. Two other types of forms are described below: Test and One-Time forms—these are not indexed.

f. Test Forms. Forms established to be used for a limited period of time so they may be evaluated. These forms show the word “Test” in parentheses following the form number. The OPR gives test forms directly to testing activities in sufficient quantity to complete the test. These forms are not indexed and expire one year after approval. The OPR decides whether to make these forms permanent or declared obsolete at the end of the testing period. OPRs can accomplish this by coordinating this matter with the base forms manager (42 CS/SCBPF).

g. One-Time Forms. These forms satisfy a one-time requirement, are not reprinted, and are obsolete on the expiration date. One-time forms are not indexed and show the word “One-Time” in parentheses following the form number. The OPR requests enough copies to complete the project.

3. **OVERPRINTING FORMS.** This is the printing of pertinent repetitive information in blank caption areas of a form. Overprint a form when the number of man-hours saved in filling in the form justifies the extra cost of overprinting the fill-in data. If you overprint additional information requirements onto a blank form, it is considered a revision of the form. If it is more practical and economical to reproduce the entire form, together with its repetitive fill-in information, you do not have to use available stocks of forms, but do not change the form’s design, size, or type of construction. The forms manager, working with the reprographics manager, determines when overprinting existing stocks, versus reprinting forms along with the additional information, is more cost effective. Type the originator’s organization, office symbol, and the word “Overprint” (e.g., 42 CS/SCBPF Overprint) in the lower right margin of the form.

5. **FORMS MONITOR RESPONSIBILITIES.** As an organizational forms monitor, you are the liaison between your organization and the forms management section. You administratively manage the forms that your organization is OPR for. Through you, we pass information to OPRs regarding changes, status of new forms, revision of existing forms, and biennial reviews. You are required to:

a. Maintain a copy and be familiar with AFI 33-360, Vol 2, *Forms Management Program*, and supplements.

b. Know how to complete and use DD Forms 67, 282, and AF Form 1382. Completed examples of these forms are provided at the back of this guide.

c. Maintain a file of all actions for organizational forms, e.g., suspense copy of DD Form 67 when requesting development of a new form or revision of an existing form.

d. Ensures OPR coordinates with appropriate functional area officials listed in Table 1.1, AFI 33-360, Vol 2 (attached). Send all requests for OMB clearance numbers to the base ICR Manager (42 CS/SCBA, Bldg 40). Upon request, the Forms Management Section will develop a draft of the proposed form for coordination purposes.

e. Know who your Organizational Accounts Representatives are and establish a partnership to ensure that your unit's forms needs are met.

f. Notify the forms management section (42 CS/SCBPF), in writing, when there is a change of forms monitor.

**NOTE.** We recommend that you establish a continuity file for your use and to be used by your successor.

6. **ELECTRONIC FORMS:** Electronic Forms - the latest, most efficient tool in collecting information. AF, DD, AETC, and local forms are being computer designed with unique electronic fill-in capabilities. These features are standardized, there are no special settings to key in, and it is designed for ease and efficient use, just begin typing information into the form. The Air Force has adopted this standard PC-based electronic form software package. All new or revised electronic forms are designed using JetForm FormFlow 2.15 Designer software and can be filled-in using FormFlow 2.XX filler software. DOD/AF/MAJCOM/FOA/DRU electronic forms are available on the worldwide web. Local forms can be obtained from the following site: [http://www.maxwell.af.mil/42abw/42cs/electronic\\_forms.htm](http://www.maxwell.af.mil/42abw/42cs/electronic_forms.htm).

7. **ELECTRONIC TRANSACTION SYSTEM (ETS).** ETS is essentially an on-line ordering system for all Air Force publishing products. All Air Force personnel who have access to the Internet can access ETS through a link on the AFPUBS website. For those who have no access to the Internet, orders through ETS must be placed via the ETS Service Desk, who can be reached by e-mail, phone or fax. Service Desk personnel will enter all orders into ETS for non-connected users, and will supply those customers with an order number that can be used for tracking purposes. Orders are normally delivered within 10-15 business days. Refer questions to the ETS Service Desk at [ets@pentagon.af.mil](mailto:ets@pentagon.af.mil) or DSN 754-2438.

a. Organization account is assigned by AFPDC upon receipt of AF Form 1846, *Request For and Record of Customer Account Representative Designation*. These accounts are essential to the use of ETS, since all orders that are placed through the electronic transaction system for paper or physical products must be charged to an organizational account. In addition, classified forms, safeguard forms and accountables may not be ordered through ETS unless your organization has identified requirements for them through this form. So, AF 1846 plays an important role. **NOTE:** **If your organization does not have a requirement for classified/safeguard/accountable**

**items, you do not have to submit an AF 1846. You can go on-line and create an account and password that would allow you to order other products.**

b. Procedure to create an account on-line.

- 1) Go to <http://afpubs.hq.af.mil/>
- 2) Click on On-line Ordering link, which is on top right hand side of the screen.
- 3) The page that loads has a link that reads, “**Users, who do not have an account, click here.**” Click on that link.
- 4) It will bring up a form in which the user has to fill in his or her Name, Office Symbol, Email Address, Phone Number and Street Address. There are two other text boxes on this form for Username and Password. User can assign himself a username and password and then submit the form.
- 5) After a request for an account is received it is reviewed and approved within the next 24 hours. Users are notified the status of their request by email. There are some restrictions for getting an online account (e.g., like the email has to be a .mil one). If an account is disapproved for any reason, then the user is informed the reason for disapproval by email.
- 6) Once a user receives an approval notice by email, he or she can login to the system using the username and password he or she chose when the request was submitted. (Note: Username and Password will not be sent along with the approval notice)

c. Anyone who uses the ETS to order printed products in bulk will go through Defense Automated Printing Service (DAPS) to do so. The ETS website has a hyperlink to DAPS for the purpose of ordering bulk printing jobs of Air Force publications. DAPS must be paid for their work, and these payments will be made locally (by the requestor) through an IMPAC card. Please note that any bulk printing order sent to DAPS should be accompanied by at least one paper copy of the document, which appears as you want the rest of the bulk order to appear. Without that example copy, the bulk printing job may not appear suitable for your use, but DAPS will not be liable and won't be beholden to reprint the job at their cost.

## 8. **LOCAL FORMS:**

a. All new and revised AU, AFIT, AFOATS, CCAF, AFIADL, and Maxwell AFB forms are computer designed. Currently, all forms, whether new or revised, are designed using FormFlow 2.15 Designer software. We now have the capability for a custom-designed form, which is a high-quality product, and can be created faster. All forms are filed to a diskette and are easily changed in a minimum amount of time. Turn-around time for development or revision of a one-sided or two-sided standard form averages 1 to 2 weeks. (This is only a fraction of the amount of time using previous methods.) Allow approximately 10 working days for printing of the form.

b. It should be noted that larger, more complex forms are also computer designed and stored, but may take longer in processing because of the coordination and extensive

proofing necessary by the OPR, and required by Forms Management. Occasionally, a mock-up of a larger or complex proposed form is prepared for the OPR and is tested in the environment to ensure its layout and design meet “real life” usage and criteria. This ensures that the form has been reviewed by all whom will use it as an effective information-gathering tool and thoroughly finalized before expensive printing is accomplished. These larger and complex forms consisting of several pages of unusual design requirements are usually printed commercially, and require HQ AETC/SCMYP approval.

**NOTE:** When planning and developing a timeline for the creation of any specialized form, the OPR should schedule at least 2- to 4-weeks for the initial design and any subsequent changes to the form during that time; 3- to 4-weeks for extensive proofing or testing in its environment, and up to 4- to 6-weeks or more for the off-base printing. These times are in addition to the approximate 8 weeks required to obtain HQ AETC approval.

c. FormFlow 2.15 computer designed forms, of course, work hand-in-hand with the FormFlow 2.xx Filler software. This means that any past, present or future local forms can be recreated, designed or converted to an electronic fillable form.

d. So, if you are submitting a DD Form 67 for development of a new form or revising an existing form (see para 1-5, AFI 33-360, Vol 2 for procedures), and you have FormFlow 2.xx Filler software, you may want to consider if an electronic fillable form is an alternative for your organization. Experience has shown that complex forms may require more hardware memory and laser printer memory to run effectively. Many forms may not, by the nature of the information gathered or usage, be feasible as an electronic fillable form. If you have a question about whether your form is a candidate for conversion to electronic fillable, talk with Mr. Carnegia about this possibility.

9. **OTHER OPTIONS.** Other options to consider before designing a new form include Form Memorandum and the use of General Purpose Forms. In addition, if you are developing a checklist, AF Form 2519, *All-Purpose Checklist*, is available in electronic version. Form Memorandum is a mass-produced memorandum sent in place of individually composed or typed memorandums when many individuals require similar information or the same individual requires the information at frequent intervals (see paragraph 5.2, AFMAN 33-326). These also include standard formats stored on electronic media that can be accessed, completed with optional data, and then printed or electronically forwarded. Reproduce no more than a 3-month supply/stock of each form memorandum that includes an addressee’s name and address. Use a reproduced signature or sign individually. The three basic formats for form memoranda are prewritten, fill-in, and optional statement.

10. **CERTIFICATES.** In AETC, all certificates are numbered and controlled as forms and are initiated for approval or disapproval with a DD Form 67. HQ AU and 42 ABW are authorized to develop one standardized certificate of recognition or achievement (see AFI 33-360V2/MAFB Sup 1 for guidelines)...all others are considered on a case-by-case

basis. Strong justification is required for the approval of any new certificates and OPR must include in block 13 reason why an existing departmental or MAJCOM forms cannot be used. Established, available certificates are provided for many uses. OVERPRINTING various awards or citations on these certificates is allowed and recommended in most cases.

**11. AF FORM 1382 BIENNIAL REVIEW INFORMATION:**

a. Every form is reviewed biennially to get an accurate accounting of its status and use. This review is sent out on the anniversary date of the form. It is important that we receive accurate information on your form's usage. The main information we are seeking is, for example, what is the current status of the form? Is the form current and essential or do you wish to obsolete or revise? Has usage of the form increased or decreased since creation? Estimate the number of copies used per month and how many copies of the form you currently have on hand. Is it time to reorder additional prints with a DD Form 282, *DOD Printing Requisition/Order*?

b. Review your form periodically, to evaluate if it is the effective tool you require or if changes to the form would make it more functional. Many forms at Maxwell have been in existence for some time and as jobs and technology changes, so does the information required. Have your forms been updated to reflect your changing needs?

c. Please advise the Forms Management Section of any changes (e.g., OPR, organizational or office symbols, prescribing directive) or other changes that we may have overlooked.

d. Please return the AF Form 1382 before or by the due date specified in the top right corner.

**NOTE.** A sample AF Form 1382, *Request for Review of Publication and/or Form(s)*, and DD Form 282, *DOD Printing Requisition/Order*, with additional information, is provided at the back of this guide.

**12. ADDITIONAL INFORMATION.** The status of or action to any local form (AU, AFIT, AFOATS, CCAF, AFIADL, and Maxwell AFB) that is governed by a prescribing directive must be addressed when the directive is revised or rescinded. Indicate status of form in Section III of AF Form 673, *Request to Issue Publication*.

**13. JETFORM FORMFLOW 2.XX FILLER SOFTWARE:**

a. FormFlow 2.xx is available for downloading over the worldwide web from the following sites: [http://www.maxwell.af.mil/42abw/42cs/electronic\\_forms.htm](http://www.maxwell.af.mil/42abw/42cs/electronic_forms.htm); <http://www.aetc.randolph.af.mil/im>; [http://afpubs.hq.af.mil/publishing\\_tools.asp](http://afpubs.hq.af.mil/publishing_tools.asp). A FormFlow user's guide is also available for downloading from the above web sites.

b. Installing JetForm 2.xx (CD-ROM)

- (1) Uninstall earlier version.
  - (2) Delete FormFlow directory
  - (3) Disable Norton AntiVirus auto-protect. Close all open windows application or any other programs running EXCEPT Program Manager (3.X) or Explorer (Win95/98/NT). This reduces conflicts and frees system memory for the installation.
  - (4) Insert CD (or click on setup.exe if downloaded from website)
  - (5) Click install
  - (6) Welcome screen appears. Click next to continue.
  - (7) Click Local FormFlow with local Windows
  - (8) Complete User Information and click continue.
  - (9) Verify User Information and click continue.
  - (10) Accept default destination directory (C:\FormFlow) and click ok.
  - (11) Click on “Full Installation.”
  - (12) SQL database server dialog box appears – click continue.
  - (13) JetForm Central Options dialog box appears – click continue.
  - (14) Security Systems dialog appears. Select “TIPEM” and click continue.
  - (15) Accept default security directory (C:\FormFlow\Security) and click continue.
  - (16) Supported Mail Systems dialog appears. Enable “Microsoft Exchange” and disable all others. Click continue.
  - (17) Follow the instructions on the screen to complete the installation.
  - (18) After installation, open JetForm FormFlow filler. Go to TOOLS on menu bar, scroll down to OPTIONS and enable “enhanced fonts on screen” and “enhanced fonts on printer.”
- c. Software Trouble Reporting. All are required to visit the Air Force e-publishing web site (<http://afpubs.hq.af.mil/formflowlog.asp>) and access the forms problem-reporting log to see if their problem is listed and the associated solution. If their problem is not listed on the forms problem-reporting log, they should access the e-publishing frequently asked questions (FAQs) to determine if their problem has been reported and, if so, what the



status is. If they cannot get a solution from either of these two sources, they can contact the e-publishing Customer Service Desk for assistance. Direct contact with JetForm Technical Support IS NOT AUTHORIZED.

d. Y2K compliance. All local forms have been redesigned to use four-digit years, i.e., date must be entered as YYYYMMDD (e.g., 20000110).

14. **DD FORM 67, FORMS PROCESSING ACTION REQUEST**. The following information will guide you through the process of completing this form to get your form approved and assigned an appropriate form number (AU, AFIT, AFOATS, CCAF, ECI, MAFB, etc.). Please read carefully before completing the form using JetForm FormFlow program. This form is two-sided and each page is identified in a separate file (p1 and p2).

a. How to fill out DD Form 67 (Page 1).

(1) Block 1, Type Submission. Place an “X” in either the NEW or REVISION block.

(2) Block 2, Form Designation Number. Leave blank if new form; for revision, enter number of form being revised.

(3) Block 3, Date of Form. Leave blank.

(4) Block 4, From. Type your complete local address, organization/FAS, complete street address, Base, State, and Zip plus 4.

(5) Block 5, Thru. Type name and address of your Unit Forms Monitor. (All requests are submitted to your Unit Forms Monitor for controlling and forwarding to the Forms Management Section (42 CS/SCBPF).)

(6) Block 6, To. Type 42 CS/SCBPF, 170 West Selfridge Street, Maxwell AFB AL 36112.

(7) Block 7, Form Title. Type the title of your form—it should agree with the title on the draft copy of the proposed form.

(8) Block 8, Superseded Forms. Complete this block if the new form renders an existing form obsolete. Otherwise, leave blank. Complete, where required, blocks 8a, 8b, 8c(1), and 8c(2).

(9) Block 8a, Form Number. Type the number of the existing form to be superseded.

(10) Block 8b, Edition Date. Type in the date of the form being superseded.

(11) Block 8c(1). If the old form can be used until existing stock is exhausted put an “X” in this block. Otherwise, leave blank and mark 8c(2).

(12) Block 8c(2). If the old form cannot be used and should be destroyed or salvaged upon issue of the new form, place an “X” in this block. Otherwise, mark 8c(1) and leave blank.

(13) Block 9, Prescribing Document Number. Forms used by two or more groups must be prescribed by a local directive/publication. Cite the prescribing document number in this block and attach a draft copy. Leave this blank if the proposed draft is an office form (used only within one staff agency). Office forms do not require prescribing directives.

(14) Block 10, Functional Code. Leave blank.

(15) Block 11, Type of Form. Place an “X” next to “Prescribed” block if a directive prescribes the form. Otherwise leave blank.

(16) Block 12, Design Considerations. Self-explanatory. Place an “X” in appropriate sub-blocks. Justification required if form is larger than 8 ½ x 11.

(17) Block 13, Purpose and Description of Use. A narrative justification describing the purpose and need for the form or revision. NOTE: If the form was designed to support a MAJCOM tasking and the tasking agency did not provide a form for the purpose/tasking, indicate what, how, and/or who directed the tasking. List the source for the requirement and attach copy.

(18) Block 14, Internal Coordination and Concurrence. Complete all required coordination. Consider the need for coordination by each agency listed in lines a through d. **All requests must be coordinated through the Base Records Management Office (42 CS/SCBR).**

(19) Block 15, External Coordination and Concurrence. In most cases, this is not required; however, if agencies that must coordinate are not listed in block 14, add here.

(20) Block 16, DOD Component OPR and/or Action Officer. Type name of Project Officer or OPR in 16a; OPR signature in 16b, and type date of signature in 16c.

(21) Block 17, DOD Component Approving Official. Signature of the official authorized to approve publications in 17a and type date of signature in 17b.

(22) Block 18, DOD Component and/or Forms Management Officer. Signature of Unit Forms Monitor. (NOTE: Forms Monitor signature certifies that DD Form 67 is completed properly and coordinated appropriately.) DD Forms 67 without required signatures (including forms’ monitor) will be returned.

(23) Block 19, Approving Forms Management Officer. Leave blank.

b. How to fill out DD Form 67 (Page 2—Reverse).

(1) Block 1, Type of Form. Place an “X” in the block next to Headquarters if two or more staff agencies or groups will use your form. This form requires a prescribing directive. If your form will be used by one agency, it is an Office Form—write the word “Office” in the shaded block below the “Headquarters” block. (The computer will not let you access this block.)

(2) Block 2, Status. Place an “X” in the appropriate block.

(a) Permanent. Mark this block if the form will be used indefinitely.

(b) One-Time. Mark this block if the form is designed for a one-time project. Request sufficient copies to issue to all participants through the end of the project. One-time forms are printed only once, and become obsolete automatically on the expiration date.

(c) Test. If uncertain the form will serve the way it is designed, test it for a period of time (maximum one year). At the end of the test period, the OPR will advise the forms manager via AF Form 1382 or memorandum to either rescind the form or make it permanent.

(3) Block 3, How Issued. Self-explanatory. If you “X” Computer Generated (Non Standard Software), you must provide the name of the software and the disk number. OPRs must justify, in writing, the use of forms in other than electronic media.

(4) Block 4, Type of File Used for Completed Forms. Mark an “X” in the block describing the type of file where copies of the completed form will be filed. If the form will not be filed when completed (given to the individual or destroyed), enter “NOT FILED” in the “OTHER” block.

(5) Block 5, No. Of Copies Filled in at One Time. Enter the number of copies that will be completed at one time. Normally this is one. If multiple copies (carbon copies) are required, indicate the distribution for each copy in block 28.

(6) Block 6, Estimated Use Per Month. Determine the estimated monthly usage and enter this amount. Enter an average if used quarterly, semiannually, or annually.

(7) Block 7, Is Form Accountable? Enter an “X” in the “Yes” or “No” block.

(8) Block 8, Type(s) of Using Activities. List the types of activities by name that has a need to use the form.

(9) Block 9, Is Signature Authentication Required on the Form? Enter an “X” in the “Yes” or “No” block. Mark “Yes” only if the completed form is invalid without a signature.

(10) Block 10, If You are Revising a Prescribed Form, Does Your Directive Require a Change? Place an “X” in the “Yes” or “No” block. If “Yes”, enter the date the directive will be submitted to 42 CS/SCBPP for publication. If you are NOT revising a prescribed form, leave blank.

(11) Block 11. Place an “X” in the “Stocked & Issued” or “Stocked & Used” block.

(12) Block 12, Deliver To. For office forms to be stocked and issued or used by the OPR type in the complete address of the office where the form will be stocked.

(13) Block 13 through 27, Printing Specifications. Explain how the form should be printed, indicating special requirements. Items that do not apply should be left blank.

(14) Block 28, Remarks/Additional Specifications. Any additional information, clarification, or specifications should be entered here.

**NOTE.** A sample DD Form 67, *Form Processing Action Request*, with additional information, is provided at the back of this guide.

15. **FORMS MANAGEMENT POINT-OF-CONTACT:**

Otis Carnegia, Forms Manager, ext. 3-5100  
Ruby Luther, Forms Analyst, ext. 3-7413.

## **ATTACHMENTS**

- 1. SAMPLE DD FORM 67, *FORM PROCESSING ACTION REQUEST*.**
- 2. TABLE 1.1, *COORDINATION GUIDE*.**
- 3. SAMPLE DD FORM 282, *DOD PRINTING REQUISITION / ORDER*.**
- 4. SAMPLE AF FORM 1382, *REQUEST FOR REVIEW OF PUBLICATIONS AND/OR FORM (S)*.**





FORM PROCESSING INFORMATION (Continuation)																		
1. TYPE OF FORM			2. STATUS			3. HOW ISSUED (Check all that apply)												
DEPARTMENTAL			<input checked="" type="checkbox"/> PERMANENT			<input checked="" type="checkbox"/> CUTSHEET			SET		CARD		CONTINUOUS		OTHER (Specify):			
COMMAND			ONE-TIME			COMPUTER GENERATED (Non Standard Software)			NAME OF SOFTWARE				DISK NUMBER (If applicable)					
<input checked="" type="checkbox"/> HEADQUARTERS			TEST										DISK NUMBER (If applicable)					
			DATE TEST EXPIRES			<input checked="" type="checkbox"/> ELECTRONIC/LRA (AF Standard Software)												
4. TYPE OF FILE USED FOR COMPLETED FORMS						5. NO. COPIES FILLED IN AT ONE TIME			6. ESTIMATED USE PER MONTH 350			7. IS FORM ACCOUNTABLE?						
<input checked="" type="checkbox"/> FOLDER		CARD BOX										YES		<input checked="" type="checkbox"/> NO				
LEDGER		DISK																
RING BINDER		OTHER (Specify)																
VERTICAL																		
VISIBLE																		
10. IF YOU ARE REVISING A PRESCRIBED FORM, DOES YOUR DIRECTIVE REQUIRE A CHANGE?						11. (Complete Items 11 and 12 if form not stocked by PDO.)						12. DELIVER TO (If other than normal distribution system, include complete organizational mailing address, building and room numbers, name of point of contact and commercial phone number).						
YES						NO						STOCKED & ISSUED						
(If YES, enter date directive will be submitted.)						<input checked="" type="checkbox"/> STOCKED & USED						ADDRESS WHERE YOU WANT FORMS DELIVERED						
PRINTING SPECIFICATIONS																		
13. TRIM SIZE				14. FOLD TO				15. NO. OF PAGES			16. QUANTITY REPRODUCED ON INITIAL PRINTING			17. QUANTITY IN				
WIDTH		LENGTH		WIDTH		LENGTH		1						<input checked="" type="checkbox"/> SHEETS		SETS		
8.5		11														PADS		
														BOOKS		OTHER:		
18. PAPER STOCK						19. PRINT						20. BINDING						
COPY NO.	BASIS WEIGHT	KIND		COLOR		COLOR INK	FACE ONLY	HEAD TO				STAPLE		GLUE				
								HEAD	FOOT	LEFT	RIGHT	SIDE STITCH		SADDLE STITCH				
1		BOND		WHITE		BLK	<input checked="" type="checkbox"/>					OTHER (Specify):						
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		
ELECTRONIC FORMS PROCESSING INFORMATION												24. SERIALLY NUMBERED						
25. FORM IS DESIGNED ONLY AS A TEMPLATE FOR FILL IN?				26. DEVELOP HELP SCREENS FOR FORM?				27. UNLOCKED VERSION OF FORM IS APPROVED FOR DISTRIBUTION?				BEGINNING NUMBER			ENDING NUMBER			
YES				NO				YES				NO				INK COLOR:		
28. REMARKS/ADDITIONAL SPECIFICATIONS																		

- 1.7.11. Requests the OPR review the form every two years from the date of the form or the last revision.
- 1.7.12. Informs the OPR of the impact the form has on the organization, and the lead-time required to get the form approved, designed, and into the system.
- 1.7.13. Grants waivers for exceptions in coordination with the OPR.
- 1.7.14. Conducts surveys and evaluates the program to ensure that objectives are achieved. Initiates corrective actions, as necessary.
- 1.7.15. Assists the OPR in evaluating IDEA submissions concerning forms.
- 1.7.16. Trains forms management personnel (on-the-job, GSA training courses, or self-improvement). Trains users on software application use. Visits subordinate activities periodically to monitor forms operating methods and procedures.
- 1.7.17. Establishes and maintains a record set for each form.
- 1.7.18. Monitors the quality of products and determines when revision is necessary.
- 1.7.19. Develops, analyzes, evaluates, and advises on the effectiveness of workflow methods and procedures as they pertain to forms management. Supplies the expertise in the development of forms to support new and revised systems, policies, or reports.

**Table 1.1. Coordinating Forms.**

<b>R U L E</b>	<b>A</b>	<b>B</b>	<b>C</b>
	<b>If a form pertains to</b>	<b>then coordinate with</b>	
		<b>for field forms</b>	<b>for departmental forms</b>
<b>1</b>	expenditure of printing funds	Printing Control or Budget Officer.	HQ AFDPO/PPL, 200 McChord Street, Box 94, Bolling AFB DC 20332-1111.
<b>2</b>	soliciting information from the public	MAJCOM, FOA, and DRU Information Collections Requirement (ICR) Manager to the Air Force Information Management Control Officer.	HQ AFCA/ITCM, 203 W. Losey St., Rm 1065, Scott AFB IL 62225-5222.
<b>3</b>	soliciting information from other Federal agencies	MAJCOM, FOA, and DRU ICR Manager to the Air Force IMCO.	
<b>4</b>	internal Air Force reporting requirements "Report Control Symbol (RCS)"	ICR Manager.	
<b>5</b>	accounting forms	Comptroller.	DFAS-DE/PMLP, Denver CO 80279-5000.



6	mail management	IM or SC.	HQ AFCIC/XPX, 1250 Air Force Pentagon, Washington DC 20330-1250.
7	military personnel records	Military Personnel Records Office.	HQ AFPC/DPMDQP, 550 C Street West, Suite 16, Randolph AFB TX 78150-4718.
8	soliciting/verifying the SSN or other personal information from the record subject	Privacy Act Officer.	HQ AFCIC/ITC, 1250 Air Force Pentagon, Washington DC 20330-1250.
9	copyright material	Staff Judge Advocate.	HQ USAF/JA, 1420 Air Force Pentagon, Washington DC 20330-1420.
10	the use of seals or emblems	Personnel Office.	HQ AFHRA/RS, 600 Chennault Circle, Maxwell AFB AL 36112-6424.

<b>DOD PRINTING REQUISITION/ORDER</b>				CLASSIFICATION <b>Unclas</b> <small>(Requisition automatically becomes "UNCL" when detached from classified material.)</small>				<b>FOR PLANT USE</b>		(PLANT JOB NUMBER)									
REQUISITION NO. <b>YOUR CONTROL NO.</b>				DATE OF REQUEST <b>4 Jan 00</b>		REQUESTED DLVY <b>8 Jan 00*</b>								EST. COST <b>\$35</b>					
FOR REFERENCE CONSULT														PHONE <b>INDIV PH #</b>		SCHEDULED COMPLETION DATE		ESTIMATED COST	
NAME OF INDIV WHO CAN ANSWER QUESTIONS																			
DPT	TRX DPT	FY/PY	OBY	BASIC SYMBOL	LIMIT	FUND CODE/FY	OAC OBAN	PE	PROJ/SUB/BPAC	EEIC/MPC OR BAAN/SRAN	SALES CODE	RC/CC CSN							
FORM/PUBLICATION NO. AND TITLE (in that order) <b>MAFB 000</b>									BA/MFP	ESP	ADSN	AMOUNT							
QTY. (Specify shts, sets, etc.) <b>1200</b>				PAGES <b>1</b>		QTY. WILL LAST <b>3</b> MOS.		JOB TO BE REPRINTED <input type="checkbox"/> YES <input type="checkbox"/> NO		JOB IS <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input checked="" type="checkbox"/> A REPRINT		LAST JOB NO.							
ENCLOSURES (Submit clean, well protected copy) PAGES <b>1</b> COPY						(If other, specify)			PROOFS (Specify only if necessary) <input type="checkbox"/> NOT REQ'D		SEND TO:								
<b>S P E C I F I C A T I O N</b>	FINISHED SIZE <b>8.5 X 11</b>			MARGINS (Top) (Left/Bind)				INK (If not black)				GRADE OF PAPER*		WEIGHT*	COLOR*				
	FOLD TO (Size) <b>X</b>			PRINT <input checked="" type="checkbox"/> ONE SIDE <input type="checkbox"/> HEAD TO HEAD <input type="checkbox"/> HEAD TO FOOT <input type="checkbox"/> OTHER (SEE COPY ATTACHED)				1. Bond				White							
	ASSEMBLE <input type="checkbox"/> IN SETS <input type="checkbox"/> PAGE SEQ.			WIRE STITCH (Staple) Number Stitches: <input checked="" type="checkbox"/> UPPER LEFT <input type="checkbox"/> TOP <input type="checkbox"/>				2.											
	STANDARD PUNCH (Drill) <input type="checkbox"/> 2-HOLE TOP <input type="checkbox"/> 3-HOLE LEFT			OTHER (Number) (Diameter) (Ctr. to ctr.) (Location)				3.											
	PERFORATE/SCORE <input type="checkbox"/> SEE COPY			PAD (Location) SHTS SETS <input type="checkbox"/> TOP <input type="checkbox"/> LEFT				4.											
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								7.											
COMPOSING/PROCESSING (Prepare/alter copy; fotolist; offset; etc.)								WRAP (No. per pkg.)		DISPOSITION OF NEGS. _____ ORIG. <u>R</u> H-HOLD D-DESTROY R-RETURN									
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NUMBER ORIG.		LINE H.T.										SERIAL NUMBERING, REGISTRATION, ETC.  This is where you would put additional financial identification; special printing instructions; or other information necessary to ensure printing job is done right.  * - Must be three business days. If less than 3 business day, a priority print letter must be attached.							
IMAGE SIZE <b>X</b>																			
PRESS	PLATES	IMP																	
PRESS SHEET SIZE <b>X</b>																			
TRIM SIZE <b>X</b>																			
PLANNED BY																			
ORDERING OFFICE (If other than delivery address)												DELIVER TO (Complete address)							
ORGN/OFF SYM OF ORDERING OFFICE												ORGN/OFF SYM							
LIAISON OFFICE APPROVAL (Signature and date)												BLDG NO. OR ST. NO							
												MAXWELL AFB AL							
APPROVING OFFICE (Signature and date)												DISTRIBUTION REQUIRED <input type="checkbox"/> LIST / <input type="checkbox"/> LABELS ATTACHED WILL PICK UP - PLEASE NOTIFY: (Ext.) <input type="checkbox"/> HOLD MATERIAL RECEIVED (Signature and date)							
SIGNATURE OF APPROVING OFFICIAL																			
SEND CONFIRMATION/BILLING COPY TO (Insert complete mailing address)																			
<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> COMPLETE ADDRESS WHERE BILL IS TO BE SENT. CHECK WITH YOUR RESOURCE ADVISOR. </div>																			

REQUEST FOR REVIEW OF PUBLICATION AND/OR FORM(S)											
<b>I. (DAP: Complete and forward to OPR)</b>											
TO: (Office Symbol) 42 MDOS/SGOMU	FROM: (Office Symbol) 42 CS/SCSPF, Bldg 804	DATE OF REQUEST 19991220	SUSPENSE DATE 20000109								
Each OPR must keep its publications and forms current and promptly rescind those that are not needed. Please make a thorough review of the item shown in item 1, below. If it is a publication, also review all of the forms it prescribes. Ensure that the publication and/or form(s) is: essential to the efficient administration and operation of the Air Force; in good taste, current, and accurate; consistent with existing laws and National, Department of Defense, and Air Force policies. Look for: evidence of time consuming procedures; inaccurate references; inadequate instructions in related messages and other communications. Eliminate or modify the publication or form by obsolescence, rescission, revision or change, as appropriate. Respond by completing Section II of this form.											
1. PUBLICATION OR FORM NO. MAFB 305	2. TITLE Upper Extremity Nerve Conduction Data	3. DATE 19980101									
4. Type of Review (Check applicable box) <div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> ANNUAL</span> <span><input type="checkbox"/> SPECIAL (See item 6)</span> <span><input type="checkbox"/> REPRINT</span> </div>		5. PRESCRIBING DIRECTIVE (If form is being reviewed) None									
6. ADDITIONAL INSTRUCTIONS    NOTE: If form is prescribed by a directive, the approval authority for that directive must sign this form.											
7. QUESTIONS CONCERNING THIS REVIEW SHOULD BE DIRECTED TO (Name and Phone No.) Ms Luther, 37413 or Mr Carnegia, 35100		8. SIGNATURE									
<b>II. (OPR: Complete and return to DAP. If review involves a publication that prescribes forms, return 2 copies of this review.)</b>											
TO: (Office Symbol) 42 CS/SCSPF, Bldg 804	FROM: (Office Symbol, Name and Phone Number of Project Officer) 42 MDOS/SGOMU, Lt Col Jones, 3-0000										
9. STATUS OF PUBLICATION (Check applicable boxes)  If this is an annual publication review, list each of its prescribed forms and code their status in Item 10.		10. STATUS OF FORMS (List and code A, B, C, etc. separately) A - Current and Essential. B - Under revision (Complete Item 12 and submit AF Form 1141 with draft to Forms Management Office) C - Obsolete (If form is prescribed, state in "Remarks" how the publication will be changed) D - Current with new prescribing publications which is shown after the form number. E - Obsolete (If replaced by new form, show new form number) F - Regular reprint authorized. G - Limited reprint for _____ months stock authorized.									
A. Current and essential.	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">FORM NUMBER</th> <th style="width: 17%;">CODE</th> <th style="width: 33%;">FORM NUMBER</th> <th style="width: 17%;">CODE</th> </tr> </thead> <tbody> <tr> <td style="height: 150px; vertical-align: top;">MAFB 305</td> <td style="vertical-align: top;">B</td> <td></td> <td></td> </tr> </tbody> </table>			FORM NUMBER	CODE	FORM NUMBER	CODE	MAFB 305	B		
FORM NUMBER				CODE	FORM NUMBER	CODE					
MAFB 305				B							
B. Requires revision (Complete Item 11)											
C. Requires change (Complete Item 11)											
D. Regular reprint authorized.											
E. Limited reprint for _____ months stock authorized.											
F. Unnecessary and can be rescinded - action has been coordinated with affected staff offices.    1											
11. DATE DRAFT OF REVISION OR CHANGE WILL BE SUBMITTED		12. DATE REVISION OF FORM WILL BE SUBMITTED 20000130									
REMARKS  STOCK ON HAND: 75 MONTHLY USAGE: 50											
DATE	TYPE NAME AND TITLE OF APPROVING AUTHORITY  SELF-EXPLANATORY	SIGNATURE									

AF FORM 1382, 19770601 (EF-V3)

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